

Name		Class/Form		Area of need(s)		Plan Number	Plan Date	Review Date
				Area of focus for your child.				
Strengths					Challenges/needs/ what is the barrier to their learning/ outcomes sought/?			
<ul style="list-style-type: none"> <li>Details of things your child enjoys and excels at.</li> </ul>					Details of things your child finds challenging.			
Targets (linked with challenges/needs /outcomes sought)								
1	Targets will be set that we'd like your child to achieve. These targets may be linked to a specific subject, or they may be linked to their social and emotional development.							
2								
3								
Provision (State how the target will be implemented: strategies to be used/adjustments/approaches/resources/ support/interventions/when/how often/who will deliver etc.)						Expected Impact		
1	The things we are putting in place to support your child in achieving these targets.					The difference it will make to your child.		
2								
3								

## Review

Review of Targets				
	Pre assessment (Where was the CYP at start of plan)	Post assessment (Where is s/he now)	Impact/actual outcome	Comments
1	Where your child is at the start of the plan.	Where your child is at the review point of the plan.	What difference has this plan made to your child?	
2				
3				
Child / Young Person View				
The thoughts of your child.				
Parents Views				
Your thoughts as a parent/ carer.				
My child has SEND, and this school gives them the support they need to succeed: (Please circle)				
Strongly Disagree		Disagree	Agree	Strongly Agree